

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 3.17

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Conducted a visual inspection of indoor/outdoor recreation areas: Indoor dayroom doesn't have exercise mat, outdoor rec-yard's are dirty and not cleaned daily.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Officers assigned to the Segregation Department will ensure that Segregation janitors clean the recreation areas daily.	Sgt. Roshonda Gonner	January 27, 2013	January 9, 2013
The Administrative Segregation Supervisor will ensure that the Officers are having the recreation areas cleaned daily.	Ms. Sandra Williams-Offender Records Supervisor	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Senior Warden (Print Name)

(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Reviewing Authority (Print Name / Title)

(Signature/Date)

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

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OPERATIONAL REVIEW ACTION PLAN

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Checklist # 3.15

Hutchins

Unit

Finding (Describe the finding as it is stated in the follow-up report):

Identified I-216 forms from 12/10/12 and 12/4/12 where mail pick-up was not documented, interviewed staff and offenders concerning mail delivery.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Officers assigned to the Segregation Department will ensure that all cellblock activities are noted on the appropriate documents.	Sgt. Roshonda Gonner	January 27, 2013	January 9, 2013
The Administrative Segregation Supervisor will ensure that the Officers are documenting the cell block activities on the appropriate documents.	Ms. Sandra Williams-Offender Records Supervisor	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Jeff Pringle
Senior Warden (Print Name)

JP 1-15-13
(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jay Eason Reg. 2 Director
Reviewing Authority (Print Name / Title)

JB - 02-09-2013
(Signature/Date)

IV. VALIDATION OF COMPLETION

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(Signature/Date)

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I. FINDING REQUIRING CORRECTIVE ACTION

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Checklist # 3.07

Hutchins

Init

Finding (Describe the finding as it is stated in the follow-up report):

Inspected the I-216 forms and identified several where Medical rounds were not noted. Officers assigned to the Segregation Department will ensure that all cellblock activities are noted on the appropriate documents.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Administrative Segregation Supervisor will ensure that the Officers are documenting the cell block activities on the appropriate documents.	Sgt. Roshonda Gonner	January 27, 2013	January 9, 2013
The Administrative Segregation Supervisor will ensure that the Officers are documenting the cell block activities on the appropriate documents.	Ms. Sandra Williams-Offender Records Supervisor	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Senior Warden (Print Name)

Jeff Pringle

(Signature/Date)

JH Pringle

1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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b. Comments:

d. Reviewing Authority (Print Name / Title)

Jay Eason Reg. 2 Director

(Signature/Date)

B -

02-09-2013

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(Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 3.06

Hutchins

Init

Finding (Describe the finding as it is stated in the follow-up report):

Inspected showering facilities in each housing area and verified compliance, interviewed 2 staff members and 2 offenders in each housing area and several stated that daily showers are not provided.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Officers assigned to the Segregation Department will ensure that all offenders assigned are given the opportunity to shower daily.	Sgt. Roshonda Gonner	January 27, 2013	January 9, 2013
The Administrative Segregation Supervisor will ensure that all offenders are given the opportunity to shower daily.	Ms. Sandra Williams-Offender Records Supervisor	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Jeff Pringle
Senior Warden (Print Name)

(Signature/Date) 3/11/13 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Amy Brown Reg. 2 Director
Reviewing Authority (Print Name / Title)

(Signature/Date) 02-09-2013

IV. VALIDATION OF COMPLETION

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b. Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92
Form L

I. FINDING REQUIRING CORRECTIVE ACTION

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Checklist # 3.05

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Identified several I-216 forms that were incomplete as well as several I-201 forms that were not maintained in the offenders' files.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Upon completion of forms the documentation will be forwarded to Offender Records to be filed in a timely manner.	Sgt. Roshonda Gonner	January 27, 2013	January 9, 2013
Upon receipt of the documentation from the Administrative Segregation Department the Offender Records staff will file the forms in a timely manner.	Ms. Sandra Williams-Offender Records Supervisor	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Senior Warden (Print Name)

(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Reviewing Authority (Print Name / Title)

(Signature/Date)

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 3.01H

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

No Pre-Hearing Detention or Solitary Confinement at this time, identified Offender Goutreaux, Siltan #1795352-SR, housed in K1-21 cell did not receive a Pre-Seg examination within 24 hours.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Hutchins Facility has a unit policy that the STG Sergeant will ensure that all newly assigned/received SR offenders complete that Intake process to include the Pre-Seg examination.	Sgt. John Mistretta STG Sergeant	January 27, 2013	January 9, 2013
This will be monitored for compliance by the Operational Review Sergeant	Sgt. Jason Stilwell Operational Review	January 27, 2013	January 9, 2013

Senior Warden (Print Name)

JEFF Pringle

(Signature/Date)

M. Pringle 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: _____

d. Tom Eason Reg. Dir.
Reviewing Authority (Print Name / Title)

(Signature/Date)

02-09-2013

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): _____

b. _____
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 16.01H

Hutchins

Init

Finding (Describe the finding as it is stated in the follow-up report):

Visually inspected 10 items in the Kitchen and 10 items/areas throughout the facility; identified the "door frame" in the Boot Storage Room that has holes in the in the base by the floor. Interviewed staff and offenders in the areas inspected.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The FSMIII will document the deficiency, report it to the FSMIV and ensure maintenance repairs the holes.	FSMIII Stephanie Lee, FSMIV Christopher Hernandez	October 7, 2012	pending
The Administrative Segregation Supervisor will ensure that all offenders are given the opportunity to shower daily.	Ms. Sandra Williams-Offender Records Supervisor	October 7, 2012	pending
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	October 7, 2012	pending

Jeff Pringle
Senior Warden (Print Name)

(Signature/Date) *Jeff Pringle* 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. *Jay Kosow Reg. 2 Director*
Reviewing Authority (Print Name / Title)

(Signature/Date) *J. Kosow* 02-09-2013

IV. VALIDATION OF COMPLETION

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b. _____
Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92
Form L**I. FINDING REQUIRING CORRECTIVE ACTION**

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 16.04HutchinsI Init

Finding (Describe the finding as it is stated in the follow-up report):

Conducted an inspection on several barber shops while checking water temperatures and pressure: Officer Barber Shop has no hot water.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Administrative Lieutenant has placed the deficiency on an AD-84 form so that the Maintenance Department can correct the finding.	Lt. Delia Hale	November 15, 2012	pending
This issue will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	November 15, 2012	pending

Jeff Pringle

Senior Warden (Print Name)

Jeff Pringle 1-15-13

(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: _____

d. Jim Boson Reg. 2 Director

Reviewing Authority (Print Name / Title)

(Signature/Date)

02-09-2013**IV. VALIDATION OF COMPLETION**

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b. _____
 Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLYED-02.92
Form L**I. FINDING REQUIRING CORRECTIVE ACTION**

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 13.01HHutchinsI Init**Finding** (Describe the finding as it is stated in the follow-up report):

Inspected dishwashers for Offender Dining Rooms: Final rinse temperatures are at 149 degrees, required temperature is 160 degrees.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The FSMIII will report the dishwashers on an AD-84 so that maintenance can correct the deficiency.	Food Service Managers	November 29, 2012	pending
The FSMIV will ensure a work order number is received and tracked until this deficiency is corrected.	FSMIV Christopher Hernandez	November 29, 2012	pending
This issue will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	November 29, 2012	pending

Jeff Pringle

Senior Warden (Print Name)

3 Jeff Pringle

(Signature/Date)

1-15-13**III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW**

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b. Comments: _____

d. Jim Engen Regional Director

Reviewing Authority (Print Name / Title)

12

(Signature/Date)

02-09-2013**IV. VALIDATION OF COMPLETION**

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b. _____
Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92
Form L

I. FINDING REQUIRING CORRECTIVE ACTION

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Checklist # 13.07

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Inspected all hand-washing stations for compliance: All stations inspected had no hot water available.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The FSMIII will report the deficiency on an AD-84 form to Maintenance.	Food Service Managers	November 29, 2012	pending
The FSMIV will ensure that Maintenance issues a work order number and corrects the deficiency in a timely manner.	FSMIV Christopher Hernandez	November 29, 2012	pending
This issue will be monitored by the Operational Review Sergeant	Sgt. Jason Stilwell Operational Review	November 29, 2012	pending

JEFF Pringle

Senior Warden (Print Name)

(Signature/Date)

JEFF Pringle 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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b. Comments: _____

d. Jim Eason Reg. 2 Director
Reviewing Authority (Print Name / Title)

(Signature/Date)

02-09-2013

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE

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ED-02.92
Form L

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Checklist # 14.13

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Interviewed Laundry staff and offenders who handle chemicals and verified knowledge of proper use. Reviewed Inventories and MSDS documents and verified compliance: There were no PH Logs on file or being conducted. (see attachment)

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The LMIV will ensure that the required PH tests are conducted and documented as required.	LM IV Andrew Pendleton	November 24, 2012	pending
The LMIV will conduct the PH tests for the week ASAP.	LM IV Andrew Pendleton	November 24, 2012	pending
This issue will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	November 24, 2012	pending

Senior Warden (Print Name)

Jeff Pringle

(Signature/Date)

Jeff Pringle 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Tom Kason Reg. 2 Director
Reviewing Authority (Print Name / Title)

(Signature/Date)

02-09-2013

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.10

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

I reviewed 90 days worth of forms and ensured compliant, inspected 10 forms from the Law Library and checked offender files: several forms weren't present in Inmate Records. No video or telephonic court hearings at this time.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Whenever the forms are completed the Access to Courts Supervisor will forward them to Offender Records to be filed.	Mrs. Pandora Cauley-Access to Courts Supervisor	December 16, 2012	January 7, 2013
Whenever the forms are received from Access to Courts they will be placed in the offender's unit file in a timely manner.	Ms. Sandra Williams-Offender Records Supervisor	December 16, 2012	January 7, 2013
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	January 7, 2013

Jeff Pringle
Senior Warden (Print Name)

3/11/13
(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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b. Comments:

d.

Jim Eason Reg. 2 Director
Reviewing Authority (Print Name / Title)

12-09-13
(Signature/Date)

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b.

Reviewing Authority (Print Name / Title)

(Signature/Date)

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.01 a, b

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

I interviewed Chaplain Johnny Berry and checked postings throughout the offender housing areas: several buildings were missing the required postings. (see attachment)

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will ensure that all updated required postings are placed in areas that are accessible to offenders.	Chaplain Johnny Berry	December 29, 2012	pending
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 29, 2012	pending

Jeff Pringle
Senior Warden (Print Name)

3/11/13 1-15-13
(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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b. Comments: _____

d. Jim Eason Reg. 2 Director
Reviewing Authority (Print Name / Title)

[Signature] 02-09-2013
(Signature/Date)

IV. VALIDATION OF COMPLETION

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b. _____
Reviewing Authority (Print Name / Title) (Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.04 a,f

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Inspected the Program Notebook and the Religious Program Schedule was from 11/2/11, the Volunteer Roster was from February 2012. Identified several Volunteer Description Forms that were missing and class/program rosters for offenders were not up to date. (see attachment)

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will update the contents of the Program Notebook as stated in the checklist.	Chaplain Johnny Berry	December 16, 2012	pending
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	pending

3 Jeff Prince
Senior Warden (Print Name)

JHP Prince 1-15-13
(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jay Eason 12-2 Director
Reviewing Authority (Print Name / Title)

RE 02-09-2013
(Signature/Date)

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

O.R. ACTION PLAN

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92

Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.05 b

Hutchins

Unit

Finding (Describe the finding as it is stated in the follow-up report):

Inspected the volunteer sign-in logs and checked VS00 screens for compliance: several CVCA's were not listed as such on the computer. Reviewed the training records on volunteers and verified there are no rule violations in the last 12 months.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will update the VS00 screens to match the unit Volunteer Roster.	Chaplain Johnny Berry	December 16, 2012	pending
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	pending

Senior Warden (Print Name)

Jeff Pringle

(Signature/Date)

Jeff Pringle 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jim Eason Reg. 2 Director
Reviewing Authority (Print Name / Title)

(Signature/Date)

R. 02-09-2013

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. _____
Reviewing Authority (Print Name / Title)

(Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.08 a.c

Hutchins

Unit

Finding (Describe the finding as it is stated in the follow-up report):

Reviewed inventory and it was from Fiscal Year 2011, several property items were not at the location listed on the inventory, no Deleted Property items at this time.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will obtain the current Fixed Asset Inventory and update the Chaplaincy property inventory for all property items.	Chaplain Johnny Berry	December 16, 2012	pending
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	pending

Senior Warden (Print Name)

(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d.

Reviewing Authority (Print Name / Title)

(Signature/Date)

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92
Form L

OPERATIONAL REVIEW ACTION PLAN

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.10 b

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

No Record Disposition Logs within the previous 12 months, several boxes of files on-hand were to be disposed is December 2011.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will purge files according to the Retention Schedule.	Chaplain Johnny Berry	December 16, 2012	pending
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	pending

Jeff Pringle

Senior Warden (Print Name)

(Signature/Date)

JMP Pringle 1-15-13

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jan Boson Reg. 2 Director

Reviewing Authority (Print Name / Title)

(Signature/Date)

02-09-2013

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

I. FINDING REQUIRING CORRECTIVE ACTION

Instructions: For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.15

Hutchins

I Init

Finding (Describe the finding as it is stated in the follow-up report):

Reviewed Staff Chaplain E-form Reports: the last one submitted was on 11/7/12-no other forms were available for review.

II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

Instructions: In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Unit Chaplain will submit the reports on a monthly basis and create a file for audit purposes.	Chaplain Johnny Berry	December 16, 2012	pending
This process will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	December 16, 2012	pending

Jeff Pringle
Senior Warden (Print Name)

Jeff Pringle 1-15-13
(Signature/Date)

III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

Instructions: The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: _____

d.

Reg. 2 Director
Reviewing Authority (Print Name / Title)

Reg. 2 Director
(Signature/Date)

02-09-2013

IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): _____

b. _____
Reviewing Authority (Print Name / Title) (Signature/Date)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION

TO: Warden Pringle
Hutchins State Jail

DATE: May 17, 2011

THRU: Keith Clendennen
Manager II, Review & Standards *BK 5/18/2011*

THRU: Russell Bailey *RB 5/17/11*
Manager I, Monitoring and Standards

FROM: Tommy Gattis *tg by mv*
Reviewer
Monitoring and Standards

SUBJECT: Division-Level
Operational Review

During April 2011, functional area proponents were scheduled to conduct operational reviews of your unit. The results of these reviews are categorized by functional area and are attached.

Unit Warden: Immediately confirm receipt of this IOC to the M&S Office via email. Unit Warden has 20 days from the date of receipt of this IOC to:

- Complete responses and action plans (Form C, Operational Review Manual), and
- Forward responses and action plans to the Reviewing Authority under a cover IOC (Form D, Operational Review Manual)

Reviewing Authority (*Regional Director or PFCMOD Deputy Director*): Immediately confirm receipt of the Warden's responses and action plans to the M&S Office via email. The Reviewing Authority has 10 days from the receipt of the Warden's response and action plans to:

- Review the Warden's responses and action plans, provide comments (as necessary), and sign the cover IOC (*Form D*); and
- Ensure the responses and cover IOC are received by Monitoring and Standards**.

**** If using overnight mail or priority mail, address to:** TDCJ Monitoring and Standards, 1060 St. Hwy 190E, Huntsville, Texas 77340 (phone 936/437-4900).

➤ **State-operated units:** Only send your responses. **DO NOT ATTACH** support documentation (i.e., work orders; training rosters; IOC's; miscellaneous logs; copies of policies; etc) or proponents' reports, as we retain copies of those on file.

ms/Attachments

xc: * Robert Eason, Region II Director
File

ATTORNEYS EYES ONLYED-0292
Form A

APR 28 2011

MY

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION**To:** Jackie Edwards
Director,
ARRM Division**Date:** April 22, 2011**Thru:** Keith Clendennen
Manager,
Review & Standards**Thru:** Elizabeth Boerlin
Program Administrator,
Risk Management**From:** Jerry Bailey
Audit & Inspection Manager,
Risk Management**Subject:** Division Level Operational Review
Hutchins Unit**Unit:** Hutchins; **Review Conducted:** April 12, 2011
(Month/Day/Year)**Functional Area Reviewed:** Risk Management**Manual Chapter and Section Reference:** Chapter I, Section 8**Total 'Applicable' Checklist Questions:** 15 (7 High + 8 Other)**• INTRODUCTION:**

Jerry Bailey, Risk Management Audit and Inspection Manager, and Michelle Parker, Region II Risk Management Supervisor, conducted an on-site division level operational review at the Hutchins Unit on April 12, 2011. The review consisted of validating 15 Risk Management requirements or procedures with the use of TDCJ Risk Management Program Manual and a comprehensive inspection of the unit. The Risk Management Operational Review Checklist dated September 2010 was utilized to record results. Program Administration, Safety Training, Emergency Preparedness and Planning, Unit Comprehensive Inspections, Work Safe Programs and Accident Investigations were the primary areas of evaluation.

• FINDING(S) REQUIRING CORRECTIVE ACTION:

1. **8.02H: (D)** There are 8 RAC 2 deficiencies in the maintenance department:
 1. In the tool room, angle grinders #841 and #991 have damaged electrical cords.
 2. Lights in the maintenance area are not guarded.
 3. The battery charging cart in the too room has a damaged electrical cord.
 4. Electrical boxes in the back of the carpentry shop have missing knockouts.
 5. The conduit for the lights over the cabinet in the carpentry shop is damaged.
 6. The pedestal drill press in the welding shop has an unauthorized light added and the chuck will not return to the starting position.
 7. The pedestal grinder in the welding shop has missing safety guards.
 8. The compressed gas cylinders are not stored properly.

Page 2

Hutchins Unit

Division Level Operational Review

April 12, 2011

- 8.02H: (D)** There are 2 RAC 2 deficiencies in the food service department:
1. Flexible gas lines are not protected on the gas fired equipment.
 2. The emergency release for the vault in the bakery is inoperable.

- 8.02H: (D)** There is 1 RAC 2 deficiency in the medical department:
1. The sharps cabinet was not secured.

2. **8.05 H: (B)** There are several fire drills missing in the second quarter, (Dec.-Feb. 2011)
3. **8.07H: (B)** The unit is not recording temperatures as required from 06:30 A. M. to 06:30 P.M.

• **SUMMARY:**

All RAC 2 deficiencies were repaired or down graded by April 15, 2011 as required by policy.

There were two observations made at the time of this audit:

1. There were employee drinks stored in the refrigerator in the medical lab.
2. The Unit Risk Manager is currently sharing an office with the yard squad, both employees and offenders are in this area when the Risk Manager is out of the office, due to the sensitive nature of Risk Management files the Risk Manager should have his own office space that can be secured when he is out in the unit.

The following program areas were found to be exceptional and exceed the minimum Risk Management Program requirements:

- The Unit Risk Manager provides training on "how to" conduct fire and safety inspections to Department Supervisors on a continuous basis.
- The Unit Fire and Evacuation Plan is highly detailed and includes specific details on evacuation and fire suppression for every functional area of the Unit.
- The functional Unit disaster drills are well documented, with complete scenarios and evaluations.

The cooperation between the unit department supervisors and the Unit Risk Manager promotes a safe working environment for staff and a safe and healthful working and living environment for offenders.

An out briefing was conducted with Warden Jeffery Pringle and the results of the review were discussed.

JLB

C: File (Risk Management/ARRM)

ATTORNEYS EYES ONLY

ED-02.92

Form A

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
FACILITIES DIVISION**

MAY 12 2011

MY

Inter-Office Communication

TO: Tommy Gattis
Reviewer
Monitoring and Standards Team

DATE: May 12, 2011

THRU: Mike Bowling *MBowling 5-12-2011*
Director of Maintenance

FROM: Bobby Bulloch *B 05/12/11*
Chief, Facilities Assessment

SUBJECT: Division-Level
Operational Review

Unit: Hutchins **Review Conducted:** April 11, 2011

Functional Area Reviewed: Facilities (Maintenance)

Manual Chapter and Section Reference: Chapter III, Sections 10-19

Total 'Applicable' Checklist Questions: 37 (16 High + 21 Other)

INTRODUCTION:

The Facilities Division Operational Review was conducted by team leader Judy Surette and team members Kim Bonvillion and Jim Neville. This review evaluated Work Order Management, Inventory Management, Preventive Maintenance (PM) Management, Tool Management, Maintenance Management, Refrigerant Management, Procurement Card Management, AD-10.20 Program Management, Major Work Requests (MWR) Management, and Equipment Management. An in briefing was provided for Assistant Warden Balden Polk and Maintenance Supervisor Jerry Pugh. The exit briefing was held with Warden Jeffrey Pringle, Major Terry May, Maintenance Supervisor Jerry Pugh, and Maintenance Office Administrator Rosalyn Bain. This exit briefing included a discussion of the findings requiring corrective action, observations and recommendations.

FINDINGS REQUIRING CORRECTIVE ACTION:

- Work Order Management Reviewed sixty Corrective Maintenance (CM) and forty Preventive Maintenance (PM) work orders. These were selected at random from work orders closed in December 2010 through February 2011 and reviewed for accurate documentation of completion dates, work descriptions and parts costs.
1. Finding: 10.01A Of the one hundred randomly selected work orders reviewed, seven CM's and nine PM's work orders had incorrect completion dates. Examples of these deficiencies are provided below:

<u>WO Number</u>	<u>Labor Date</u>	<u>Completion Date</u>
209911001621 (CM)	12/01/2010	12/06/2010
209911001383 (PM)	12/07/2010	12/08/2011
209911001384 (PM)	No Date	12/08/2010
209911001386 (PM)	12/07/2010	12/08/2011
209911001786 (PM)	01/05/2011	01/11/2011
209911001796 (PM)	No Date	01/31/2010
209911001921 (PM)	01/24/2011	01/28/2011

10.01B Three CMs did not have a short detailed description of work performed.

<u>WO Number</u>	<u>Item</u>	<u>Description of Work Performed</u>
209911001622 (CM)	Lighting	Area Assist
209911002130 (CM)	Sink	Information not entered into CMMS
209911002776 (CM)	Exhaust Fan	No Description

10.01C One CM did not have parts/materials charged to the work order or note other source (i.e. bench stock).

<u>WO Number</u>	<u>Item</u>	<u>Description of Work Performed</u>
209911001645 (CM)	Lamps	Replaced 3 Halide Lamps

Inventory Management

Compared automated maintenance system (CMMS) inventory records for thirty items with actual on hand inventory quantities and storage locations. Identified on hand inventory items with no CMMS issue cost or stated storage.

2. Finding

11.01A Six inventory item quantities in CMMS did not agree with actual on hand quantities. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>	<u>CMMS Quantity</u>	<u>Actual Quantity</u>
010-57-00201-4	Insulation pipe 3/8"	1	6 full & 4 pieces
105-12-00000-1T	Bearing 5.9055 dia washer	6	5
285-64-72012-7	Switch, Rocker Single Pole	18	15

11.01B Seven inventory item storage locations in CMMS did not agree with actual storage locations. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>	<u>CMMS Location</u>	<u>Actual Location</u>
150-15-21050-3	Weld thread lock	Cab-A-1	Unable to locate
630-06-75026-7	Silicone sealant clear	Cab A	Unable to locate

3.

11.02A Four inventory items had no issue cost in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
445-09-10200-1T	Blade circular saw 10"
670-38-12144-7	Adapter, C X M 1 1/4" X 1" Nominal
725-55-00032	Handsets W/32" Armored Cord

11.02B Two items had no stated location in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
005-14-00000-1T	Cloth Roll, Abrasive OEM WS80136
285-58-00496	Emergency Lighting Unit 2 Lamps 120/277V 6V Lamps #N1WH

11.02C Four items had no stated storage in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
031-25-245-13-8	Thermostat heat pump #4E034/3AY89 HVAC
285-58-00496-2T	Emergency Lighting Unit 2 Lamps 120/277V 6V L

Preventative Maintenance (PM) Management

Reviewed PM work orders completed in December 2010 through February 2011 for emergency generators to ensure weekly and monthly PM tasks were properly performed. Reviewed the Equipment Item Files for stationary generators to verify that during the period February 2010 to February 2011 (twelve calendar months) unit maintenance had coolant tested (1st & 2nd year) and changed (3rd year).

4. Finding:

12.01H A Weekly emergency generator PMs were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

<u>Equipment No.</u>	<u>WO Number</u>	<u>Start Date</u>	<u>Completion Date</u>
P1010EMG01	11002583	02/15/11	03/01/2011
P1010EMG01	11002584	02/22/10	03/03/2011

12.01H B Monthly emergency generator PMs were not completed within the same month of the scheduled start date. The following deficiencies were identified:

<u>Equipment No.</u>	<u>WO Number</u>	<u>Start Date</u>	<u>Completion Date</u>
P2010EMG01	11002585	02/01/10	03/01/2011
P4010EMG01	11002595	02/01/10	03/01/2011

5. Finding:

12.02H B All emergency generators did not have coolant tested or changed as required. The following deficiencies were identified:

<u>Equipment No.</u>	<u>WO #</u>	<u>Deficiency</u>
P1010EMG01	N/A	No documentation of coolant changed or tested.
P2010EMG01	N/A	No documentation of coolant changed or tested.
P3010EMG01	N/A	No documentation of coolant changed or tested.
P5010EMG01	N/A	No documentation of coolant changed or tested.

Tool Management

Reviewed tools room operations including shadow boards, Tool Checkout Logs for the past 30 days prior to the Operational Review to include the day of the review. Verified Master Tool Inventory List accuracy; checked sensitive and non-sensitive tool storage; and verified tool identification (engraved tool numbers) for a total of sixty tools. Additionally, reviewed tool destruction documentation and the use of supplemental tool lists.

6. Finding: **13.01H** Sensitive tools stored in the Sensitive Tool Cage were not shadowed. The following examples from 27 total deficiencies were identified:

<u>Location</u>	<u>Deficiency Description</u>
Hot Room/Sensitive	A 55' nylon rope not shadow boarded, no tag, and not on master tool inventory list.
Sensitive Cage	#0443 Airless Paint Hose, 50' - Designated Sensitive on MTIL
Sensitive Cage	#0515 Extension Cord, 50' - Designated Sensitive on MTIL
Sensitive Cage	#0712 Heavy Duty Garden Hose, 50' - Designated Sensitive on MTIL

7. Finding: **13.02H C.** Sensitive tools were not issued only by a designated employee. The following deficiency was identified:

Hot Room/Sensitive	No employees designated responsible for checking out tools.
--------------------	---

8. Finding: **13.03H A** The Master Tool Inventory List (MTIL) was not accurate. The following deficiencies were identified:

<u>Actual Location</u>	<u>MTIL (S/NS) Designation</u>	<u>Tool#/Description</u>
Hot Room/Sen	NS	#718A/Rose Bud Tip
Hot Room/Sen	NS	#723/Rose Bud Tip
Hot Room/Sen	NS	#775/Torch Ends Set 3 PCS

- 13.03H B** All tools were not properly engraved. The following deficiency was identified:

<u>Location</u>	<u>MTIL(S/NS) Designation</u>	<u>Deficiency</u>
Tool Room	NS	Lanyard is engraved on one clasp 942 and 9422 on the other clasp

- 13.03 H C** Sensitive tools were not stored separately from non-sensitive tools. The following deficiencies were identified:

<u>Location</u>	<u>S/NS Tool</u>	<u>Deficiency Description</u>
Hot Room	NS	219 Flashlight
Hot Room	NS	110 Nozzle, water garden hose brass
Hot Room	NS	1938 Dremel tool

9. Finding: **13.04H** Documentation of twice daily inspections. The following deficiencies were identified :

<u>Date</u>	<u>Page #</u>	<u>Tool Inventory Sheet</u>	<u>Deficiency</u>
04/13/11	4	Hot Room/Sensitive	Tools checked indicates only once
04/14/11	4	Hot Room/Sensitive	No indication tools checked
04/15/11	1, 2, 3, & 5	Hot Room/Sensitive	Review conducted on 04/13/11 and 04/14/11

10. Finding: Check this out **13.05H E** Tools were not approved for destruction by the Warden or designee prior to destruction. The following deficiency was identified:

<u>Tool No.</u>	<u>Tool Description</u>	<u>Deficiency</u>
6630	Hose, air, 8ft	Destroyed without approval. Jerry Pugh appointed in writing as warden's designee effective 03/07/11. Tool destroyed 03/31/11 without warden or Mr. Pugh's approval.

Maintenance Management Reviewed Automated Maintenance System Equipment Item Files to ensure that all work orders were coded to specific equipment and all costs were reflected in the equipment history. Verified the department had a Generator Refueling Plan.

11. Finding: 14.02A All replaced equipment was not retired in the Equipment Files and all replacement equipment was not established (set up) in the Equipment Item Files. The following examples from a total of fifteen deficiencies (items replaced with new/replacement equipment but the items replaced were not retired in the Equipment Item Files):

<u>Work Order No</u>	<u>Replaced Item</u>
209910000281	Digital Recorder
209910001590	Digital Recorder
209910000298	Sump Pump
209910000853	Eyewash Station
209910000278	Camera # 16

14.02B Equipment Item Files were not inclusive of all costs and did not reflect a complete history equipment. The following examples from a total of sixteen deficiencies were identified (Corrective Maintenance work orders coded to general unit codes "UNT", "HVS," and "PLB" instead of the specific Automated Maintenance System Equipment Item Codes):

<u>Work Order #</u>	<u>Item</u>	<u>Required Code</u>
209910006188	Backflow Preventer	BFP
209910001636	Clean all coils in kitchen	CDU
209910001672	Razor Wire	J & M Buildings
209910003074	Sump pump	SMP
209910003593	Backflow preventer	BFP

12. Finding: 14.03F Required TDCJ policies were not current and/or on hand in the maintenance department. The following deficiency is identified:

<u>TDCJ Policy</u>	<u>Deficiency</u>
Preventive Maintenance Manual	PM 2530-GTP01Q has not been updated to reflect the current mandatory PM 1530-GTP01M

Procurement Card Management Reviewed statements for February 2011 and March 2011 and associated purchasing documentation to ensure compliance with TDCJ Procurement Card Program and Facilities Maintenance requirements. Tracked purchased parts/tools/equipment to verify items were entered into the CMMS inventory

13. Finding: 16.01 Purchased parts/tools/equipment were not brought into inventory. The following deficiencies were identified:

<u>Tran Date</u>	<u>Stock No.</u>	<u>Description</u>	<u>Qty</u>	<u>UOM</u>	<u>Total</u>
01-11	740-59-30500-9T	Evaporator Motor	1	EA	34.33
02-03	962-18	Cable, 250'	1	Roll	56.99
02-03	340-29	Sleeve, 3/16 x 1"	2	Bag	68.58
02-02	No Stock No.	11.5 oz De-Icer	12	EA	23.88
02-17	405-51	Oil, Hydraulic	2	EA	59.90

14. Finding: 16.02C Two items were not charged to specific work orders. The following deficiencies were identified:

<u>Tran Date</u>	<u>Stock No.</u>	<u>Description</u>	<u>Work Order</u>
01-11	740-59-30500-9T	Evaporator Motor	209911000358
02-17	405-51	Oil, Hydraulic	209911002740

AD-10.20 Management Reviewed March 2010 AD-10.20 records for Food Service, Laundry and Security (D Block). Verified AD-10.20 Representatives were properly completing the Daily Inspection Log (AD-84) and the Yearly Work Order Log (YWOL).

15. Finding: 17.01 AD-84s were not being properly completed for each work day. The following deficiencies were identified:

<u>Department</u>	<u>Deficiency</u>
Security (D Bldg)	All areas inspected not noted on the following dates: 03/01/11 - 03/06/11, 3/08/11, 03/10/11-03/31/11.
Laundry	All areas inspected not noted on the following dates: 303/01/11-03/01/11, 03/07/11-03/11/11, 03/14/00- 03/18/11, 03/21/11-03/25/11, 03/28/11-03/31/11.

16. Finding: 17.02 YWOLs were not being properly completed. The following deficiencies were identified:

<u>Department</u>	<u>Deficiency</u>
Security (D Bldg)	Supervisors not documenting weekly inspections on YWOL (no March 2011 entries).
Food Service	Supervisors not documenting weekly inspections on YWOL (No March 2011 entries)

Equipment Maintenance
Electrical - Security
Surveillance Systems
(Cameras, Monitors, and
Video Switching Units)

Ensured randomly selected cameras were numbered in accordance with TDCJ policy and monitors were showing a clear and viewable image from camera location. Ensured light poles were identified and numbered in accordance with TDCJ policy and all lights were identified on a map developed by unit maintenance.

17. Finding: 19.02A CMMS numbers for four cameras did not agree with actual camera makings. The following deficiencies were identified:

<u>Building</u>	<u>CMMS Number</u>	<u>Actual Camera Markings</u>
K- Building	K0000 <u>CMR03</u>	CMR06
K- Building	K0000 <u>CMR04</u>	CMR05
K- Building	K0000 <u>CMR05</u>	CMR04

K- Building

K0000CMR06

CMR03

19.02B Monitors are not showing clear viewable images from camera locations. The following deficiency was identified:

<u>Equipment #/Description</u>	<u>Deficiency</u>
K0C1STVM02/TV Monitor	Non operational with no open CM

Equipment Maintenance
Mechanical - Food Service
and Ansul Suppression
Equipment

Checked randomly selected food service equipment for serviceability.

18. Finding:

19.04B Food Service equipment not bolted to the floor requires a lanyard. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KBRA01/Brasing Pan	Gas fired equipment without lanyard in place

19.04C Food Service refrigeration equipment requires maintenance. The following deficiencies were identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KFRG07/Refrigerator	Replace Door Sweeps
Main Kitchen	T001KFRG08/Refrigerator	Replace Door Sweeps
Main Kitchen	T001KFRZ01/Freezer	Replace Door Seal

19.04D Food Service refrigeration equipment not maintaining proper temperatures. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KFRG08/Refrigerator	Not maintaining required temperatures (42° & should be 34° to 38°)
Main Kitchen	T001KFRZ01/Freezer	Not maintaining required temperatures (11° & should be 0° to 10°)

19.04H All Food Service gas fired equipment does not have posted required inspections. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	Self Contained Gas Fired Steam Kettles	See details at http://www.license.state.tx.us/boilers/blrlaw.htm

19.04J All fire suppression caps were not in place as required. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	Fire Suppression System	Missing one cap

ATTORNEYS EYES ONLY

Equipment Maintenance
 Plumbing - Water Heaters,
 Steam Boilers, Feed Water
 Tanks, continuous Blow
 Down Assembly, and
 Deaerating Tanks

Checked randomly selected water heater, steam boilers, feed water tanks, continuous blow down assembly, and deaerating tanks for serviceability.

19 Finding: 19.06A Plumbing equipment was not free of leaks. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	B0010WTH02/Water Heater	Leak at base of tank (rusting)

SUMMARY:

Warranty was discussed to ensure that the Maintenance Department creates a file of warranty documents for all new, rebuilt, and direct replacement equipment. The location of the warranty documents should be entered in CMMS on the Equipment Item File note pad. The Maintenance Department should ensure warranty is used when applicable in lieu of FBBP funds. The findings 17.01 and 17.02 in the AD-10.20 Program were beyond the control of the Maintenance Department.

Attachments

cc: Frank Inmon, Director, Facilities Division, w/o Attachments
 Tommy Vian, Deputy Director of Maintenance, w/o Attachments
 Bill Reynolds, Manager, Region II Maintenance, w/o Attachments
 Maintenance Office File w/o Attachments
 Hutchins Unit File

ATTORNEYS EYES ONLY

MAY 9 6 2011

BY: MYB 5/10/11

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

INTER-OFFICE COMMUNICATION

TO: Monitoring and Standards**DATE:** May 6, 2011

THRU: *jmt*
Jan Thornton
Director
Human Resources Division

FROM: John Dunphy *JD*
Section Director
Administrative Support

SUBJECT: Division-Level
Operational Review
for the Hutchins State Jail

Unit Hutchins**Review Conducted:** April 29, 2011**Functional Area Reviewed:** Human Resources**Manual Chapter and Section Reference:** Chapter Four, Sections 1 through 13**Total 'Applicable' Checklist Questions:** 71 (0 High + 71 Other)

• **INTRODUCTION:**

On April 29, 2011, a Division-Level Human Resources Operational Review was conducted at the Hutchins State Jail by Denise Thompson. Larry Kines manages the Hutchins State Jail Human Resources office. Mr. Kines and his staff were professional and receptive to suggestions for operational improvement.

FINDING(S) REQUIRING CORRECTIVE ACTION:

Employee Grievances:

A review of twenty (20) files revealed the below listed finding:

1. Finding: Standard 5.06 – In six (6) employee grievance files, the Step 1 response was not faxed to Intake within seven days of the response date.

Workers' Compensation:

A review of the fourteen (14) total reportable injuries for the Hutchins State Jail that occurred between March 1, 2010 through February 28, 2011 revealed the below listed finding:

2. Finding: Standard 9.01 – Four (4) Primary First Reports of Injury were not submitted within the required time frame.

SUMMARY: Of the 13 categories reviewed, a total of two (2) findings were cited in Employee Grievances (1), and Workers' Compensation (1).

ATTORNEYS EYES ONLY

MAY 03 2011

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATIONS**

TO: Tommy Gattis
Reviewer
Monitoring and Standards Team

DATE: April 26, 2011

THRU: Tina Cope, Program Supervisor II
Correctional Training/Staff Development

FROM: Rita Brown, Training Auditor
Correctional Training/Staff Development

SUBJECT: Division-Level
Operational Review

Unit: Hutchins **Review Conducted:** 04-14-11

Functional Area Reviewed: Correctional Training/Staff Development

Manual Chapter and Section Reference: Chapter V, Sections 1 through 4

Total 'Applicable' Checklist Questions: 10 (1 High + 9 Other)

▪ **INTRODUCTION:**

Rita Brown of Correctional Training/Staff Development conducted an on-site operational review of employee training records at the Gurney Unit. This review included training conducted in the following areas: Unit On-the-Job Training (OJT), In-Service Training, and Unit Training and Staff Development. This review was conducted in accordance with the Operational Review Manual, dated September 2005 (Rev. 8), Chapter V, Sections 1, 2 and 3. The review included an assessment of the OJT files, TNG-100, TNG-99, and training database documentation (TRNELS screen).

▪ **FINDING(S) REQUIRING CORRECTIVE ACTION:**

1. Finding: (1.02) The Primary or an Assistant Field Training Officer (FTO) did not attend the first Quarterly FTO Workshop for FY10 conducted at the Region II training academy on 09-20-10.

2. Finding: (1.04A) The personnel files of 12 employees, who were listed as mentors on the TNG-100s, were reviewed and the following deficiencies were noted.

(A) The personnel file of the following 7 employees did not contain a letter of mentor appointment:

Loretta Burrell
Kamilah Cogger

Steven Greene
Delia Hale

Olalekan Odewole
Lisa Roberts
Patricia Wood

Division-Level Operational Review
 Hutchins Unit
 April 14, 2011
 Page 2 of 2

3. Finding: (1.05B,E,F) The TNG-100s of the following 8 employees were reviewed for completion and accuracy, and the following deficiencies were observed:

Owolabi Babalola	Marline McGuire
Brantley Bonnesen	Matthew Nemelka
Christy Dean	Akinloye Oyerinde
Tawanya McFarlin	Taza Williams

(B) Every block of instruction was not documented completely and accurately.

- Three TNG-100s were missing both the trainer and trainee's initials for every block of instruction.
- The trainer and trainee's initials were signed in the wrong place on TNG-100s
- The FTO did not assign the new employees to certified mentors for the duration of the 48-hour mentor observation period.

(E) Each set of signed initials does not match trainers' and trainee's names on 2 of the 8 TNG-100s.

(F) The Phase I certification (Side 1) did not contain the employee's information on 2 of the 8 TNG-100s.

SUMMARY:

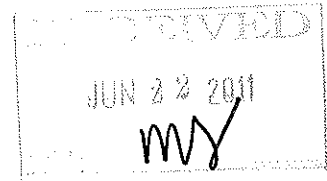
I would like to acknowledge Field Training Officer Lisa Roberts for her assistance and cooperation during the FTO/OJT segment of the audit. I would especially like to thank Mr. Larry Kines and the Human Resources staff for all of their assistance and for accommodating me during the audit. Additionally, I would like to express my gratitude to Senior Warden Jeff Pringle, Assistant Warden Balden Polk, and the rest of their staff at Hutchins Unit for their hospitality during the audit.

Enclosure

cc: Michael Mackey, Training Specialist V
 Major Angela Dean, Region II Training Academy
 Sergeant Keith Rodney, OJT Program Coordinator
 File

ATTORNEYS EYES ONLY

Texas Department of Criminal Justice
Correctional Institutions Division
Inter-Office Communications



To: Monitoring and Standards Date: June 8, 2011
 From: Jeff Pringle Subject: Division-Level
Warden Operational Review
Hutchins State Jail

RESPONSES / ACTION PLANS to findings noted by proponents during the Division-Level Operational Review of the Hutchins State Jail are attached.

SUMMARY: The Hutchins State Jail would like to thank the Division-Level Audit Team for conducting a thorough audit of all the departments during the 2011 audit. Your attention to detail helped us identify problem areas and formulate corrective actions which will ultimately enhance the safety and security of the facility as a whole.

COORDINATION:

Warden: Jeff Pringle
 (Print Name)

Jeff Pringle June 8, 2011
 (Signature/Date)

Justification for Submission in excess of 20 days (if needed): _____

Reviewing Authority: Tom Eason
 (Print Name)

B 06-09-2011
 (Signature/Date)

Comments: Warden Pringle and his team are doing a great
job in identifying deficiencies within the facility. Jeff will conduct
follow-up reviews to ensure the deficiencies are being addressed
appropriately.

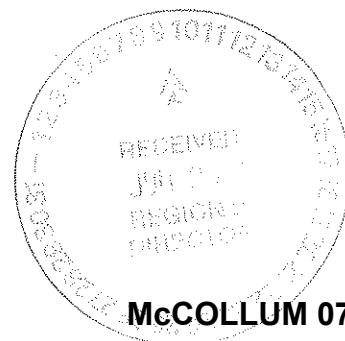
Justification for Submission in excess of 10 days (if needed): _____

Attachments:

S04

APPENDIX 1093

McCOLLUM 07366



DEPARTMENT / FUNCTIONAL AREA: Risk Management**ATTORNEYS EYES ONLY**MANUAL CHAPTER AND SECTION REFERENCE: Chapter I Section 8

Finding 1: 8.02H (D)				
<i>There are 8 RAC 2 deficiencies in the maintenance department 2 in the Food Service Dept. and one in the medical Dept.:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Damaged Cords to angle grinders #841 and # 941 have been repaired.	Roy Storie	04/15/2011	04/15/2011
2.	Fluorescent lighting in the maintenance department have been fitted with protective sleeves/guards.	Roy Storie	04/15/2011	04/15/2011
3.	Cord to battery charge unit in tool room repaired.	Roy Storie	04/15/2011	04/15/2011
4.	Missing knockouts to electrical boxes in the carpentry shop has been replaced.	Roy Storie	04/15/2011	04/15/2011
5	Conduit for lights over cabinet in carpentry shop has been repaired.	Roy Storie	04/15/2011	04/15/2011
6	Light removed from pedestal drill press in the welding shop and chuck return mechanism repaired.	Roy Storie	04/15/2011	04/15/2011
7.	Missing safety guards fabricated and installed on pedestal grinder in the weld shop.	Roy Storie	04/15/2011	04/15/2011
8	Compressed gas cylinders reorganized and staked according to safety regulations. Barrier wall extended.	Roy Storie	04/15/2011	04/15/2011

Finding1 : 8.02 H (D)				
<i>2 deficiency in the medical and food department</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Gas operated equipment in the Food Service Department has been bolted down or safety cables have been attached.	Roy Storie	04/15/2011	04/15/2011
2.	The emergency releases for the bakery vault have been refurbished or replaced.	Roy Storie	04/15/2011	04/15/2011
3.	Additional training has been given to UTMB medical personnel pertaining to the Sharps Cabinet.	Roy Storie	04/15/2011	04/15/2011

Finding 2: 8.05H (B)				
<i>There are several fire drills missing in the second quarter, (Dec.-Feb. 2011)</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	The number of Fire Drills required per location and shifts have been met for the 3 rd quarter (March-May)	Roy Storie	05/31/2011	05/31/2011
2.				
3.				

Finding 3: 8.07H (B)				
<i>The unit is not recording temperatures as required from 06:30 a.m. to 06:30 p.m.</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	A hand held electronic temperature and humidity instrument will be used to take reading from 6:30 am – 6:30 pm. Two permanently mounted instruments will be purchased for future recordings.	Roy Storie	04/15/2011	04/15/2011
2.				
3.				

ATTORNEYS EYES ONLY

ED-02.92

Form A

APR 28 2011

MY

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATIONTo: Jackie Edwards
Director,
ARRM Division

Date: April 22, 2011

Thru: Keith Clendennen
Manager,
Review & StandardsThru: Elizabeth Boerlin
Program Administrator,
Risk ManagementFrom: Jerry Bailey
Audit & Inspection Manager,
Risk ManagementSubject: Division Level Operational Review
Hutchins UnitUnit: Hutchins; Review Conducted: April 12, 2011
(Month/Day/Year)Functional Area Reviewed: Risk ManagementManual Chapter and Section Reference: Chapter I, Section 8Total 'Applicable' Checklist Questions: 15 (7 High + 8 Other)

• INTRODUCTION:

Jerry Bailey, Risk Management Audit and Inspection Manager, and Michelle Parker, Region II Risk Management Supervisor, conducted an on-site division level operational review at the Hutchins Unit on April 12, 2011. The review consisted of validating 15 Risk Management requirements or procedures with the use of TDCJ Risk Management Program Manual and a comprehensive inspection of the unit. The Risk Management Operational Review Checklist dated September 2010 was utilized to record results. Program Administration, Safety Training, Emergency Preparedness and Planning, Unit Comprehensive Inspections, Work Safe Programs and Accident Investigations were the primary areas of evaluation.

• FINDING(S) REQUIRING CORRECTIVE ACTION:

1. 8.02H: (D) There are 8 RAC 2 deficiencies in the maintenance department:
 1. In the tool room, angle grinders #841 and #991 have damaged electrical cords.
 2. Lights in the maintenance area are not guarded.
 3. The battery charging cart in the too room has a damaged electrical cord.
 4. Electrical boxes in the back of the carpentry shop have missing knockouts.
 5. The conduit for the lights over the cabinet in the carpentry shop is damaged.
 6. The pedestal drill press in the welding shop has an unauthorized light added and the chuck will not return to the starting position.
 7. The pedestal grinder in the welding shop has missing safety guards.
 8. The compressed gas cylinders are not stored properly.

Page 2
 Hutchins Unit
 Division Level Operational Review
 April 12, 2011

- 8.02H: (D) There are 2 RAC 2 deficiencies in the food service department:
1. Flexible gas lines are not protected on the gas fired equipment.
 2. The emergency release for the vault in the bakery is inoperable.

- 8.02H: (D) There is 1 RAC 2 deficiency in the medical department:
1. The sharps cabinet was not secured.

2. 8.05 H: (B) There are several fire drills missing in the second quarter, (Dec.-Feb. 2011)
3. 8.07H: (B) The unit is not recording temperatures as required from 06:30 A. M. to 06:30 P.M.

• **SUMMARY:**

All RAC 2 deficiencies were repaired or down graded by April 15, 2011 as required by policy.

There were two observations made at the time of this audit:

1. There were employee drinks stored in the refrigerator in the medical lab.
2. The Unit Risk Manager is currently sharing an office with the yard squad, both employees and offenders are in this area when the Risk Manager is out of the office, due to the sensitive nature of Risk Management files the Risk Manager should have his own office space that can be secured when he is out in the unit.

The following program areas were found to be exceptional and exceed the minimum Risk Management Program requirements:

- The Unit Risk Manager provides training on "how to" conduct fire and safety inspections to Department Supervisors on a continuous basis.
- The Unit Fire and Evacuation Plan is highly detailed and includes specific details on evacuation and fire suppression for every functional area of the Unit.
- The functional Unit disaster drills are well documented, with complete scenarios and evaluations.

The cooperation between the unit department supervisors and the Unit Risk Manager promotes a safe working environment for staff and a safe and healthful working and living environment for offenders.

An out briefing was conducted with Warden Jeffery Pringle and the results of the review were discussed.

JLB

C: File (Risk Management/ARRM)

DEPARTMENT / FUNCTIONAL AREA: Facilities (Maintenance)MANUAL CHAPTER AND SECTION REFERENCE: Chapter III Section 10-19**Finding I: 10.01A-C**

10.01A Of the one hundred randomly selected work orders reviewed, seven CM's and nine PM's work orders had incorrect completion dates. Examples of these deficiencies are provided below:

10.01B Three CM's did not have a short detailed description of work performed.

10.1C One CM did not have parts/materials charged to the work order or note other source (i.e. bench stock)

☐ Agree ☐ Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data Entry's are reviewed weekly by the office coordinator (R. Bain) or myself (J. Pugh) continue training with the coordinator and office clerks.	J. Pugh	04/15/11	04/15/11
2.	Ensure work orders descriptions are being entered correctly into CMMS spot checks entries. Ensure CMMS Data Entries include Dates, Description and material used.	J. Pugh	04/15/11	04/15/11
3.	Approximately 10% reviewed weekly by the office Coordinator or supervisor and an email will be sent to HJ administration stating the entries were checked for accuracy.	J. Pugh	07/01/11	07/01/11

Finding 2: 11.01A-B				
11.01A Six inventory item quantities in CMMS did not agree with actual on hand quantities. Examples of these deficiencies are provided below:				
11.01B Seven inventory item storage locations in CMMS did not agree with actual storage locations. Examples of these deficiencies are provided below:				
Agree _____ Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Restricted access to warehouse, run weekly cycle.	J. Pugh	07/01/11	05/02/11
2.	Restricted access to warehouse, Unit Armory. Removed keys from technicians, key rings. Conduct weekly cycle counts, when the count is requested it will be given to staff member and reviewed or spot checked by office coordinator or myself.	J. Pugh	07/01/11	05/02/11
3.	This will be reviewed and an email sent to HJ Administration. IOC from Officer Roberts stating that she removed the keys. At present time we are generating a 75 item cycle count everyday. This count is being given to the person assigned to the warehouse and calculated daily. At 75 items per day in a month time, the entire warehouse will have been counted.	J. Pugh	07/01/11	07/01/11

Finding 3: 11.02A C				
11.02A Four inventory items had no issue cost in CMMS. Examples of these deficiencies are provided below:				
11.02B Two items had no stated location in CMMS. Examples of these deficiencies are provided below:				
11.02C Four items had no stated storage in CMMS. Examples of these deficiencies are provided below:				
Agree _____ Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is complete and correct on materials brought in.	J. Pugh	04/15/11	04/15/11
2.	Review CMMS Data/Warehouse locations CMMS Data/Cycle Counts	J. Pugh	04/15/11	04/15/11
3.	Ms. Bain has been instructed to run a monthly CMMS report to ensure all on hand items have a issue count and a valid storage locations	J. Pugh	04/29/11	04/15/11

Finding 4: 12.01 H A-B

12.01A Weekly emergency generator PM's were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

12.01B Monthly emergency generator PMs were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Instructed office coordinator to ensure work orders close dates are the same as the labor date. Monitor all CMMS Data, ensure technician is closing PMs in proper time frame.	J. Pugh	04/15/11	04/15/11
2.	Additional training will be given to all Technicians on reading of and priority coding on PMS.	J. Pugh	04/15/11	04/15/11

Finding 5: 12.02 B

12.02H B All emergency generators did not have coolant tested or changed as required. The following deficiencies were:

Agree Disagree (If disagree, provide justification or policy references to support disagreement.)

ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure PM Time Frames and Tasks are met. Open work orders to change coolant in Emergency Generators.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 6: 13.01H				
<i>13.01H Sensitive tools stored in the Sensitive Tool Cage were not shadowed</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure tool rooms are properly shadowed. Update MTIL. Region Maintenance assisted with tool module in CMMS	J. Pugh	07/01/11	06/07/11
2.				
3.				

Finding 7: 13.02H				
<i>13.02H C. Sensitive tools were not issued only by a designated employee. The following deficiency was identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Tool Issue and inventory will be assigned monthly to a craftsman. In their absent, Mr. Pugh or Mrs. Bain will complete the work. Inventories will be reviewed weekly by the office administration and an email to the warden's office.	J. Pugh	07/01/11	06/01/11
2.				
3.				

Finding 8: 13.03H				
<i>13.03H A The Master Tool Inventory List (MTIL) was not accurate. The following deficiencies were identified:</i>				
<i>13.03H B All tools were not properly engraved. The following deficiency was identified:</i>				
<i>13.03H C Sensitive tools were not stored separately from non-sensitive tools. The following deficiencies were identified:</i>				
<i>Agree _____ Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	MTIL has been corrected to reflect 3.19 non sensitive tools relocated.	J. Pugh	04/15/11	04/15/11
2.	Review Tool room inventories, spot check carts and tool rooms.	J. Pugh	04/15/11	04/15/11
3.	Co-Mingling of tools / sensitive and non corrected – review 3.19	J. Pugh	04/15/11	04/15/11

Finding 9: 13.04H				
<i>13.04H Documentation of twice daily inspections. The following deficiencies were identified:</i>				
<i>Agree _____ Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Tool Inventories are maintained properly. Monthly assignments and rotation of craftsman for being responsible for inventories and issue of tools from shared locations.	J. Pugh	04/15/11	04/15/11
2.	In the event of scheduled day off or call in, the task of inventory and issue will be assigned. The technician will initial under the column for the day they were issued.	J. Pugh	04/15/11	04/15/11
3.				

Finding 10:13.05H				
<i>13.05H E Tools were not approved for destruction by the Warden or designee prior to destruction. The following deficiency was identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	IOC Placed in destruction log book stating Jerry R. Pugh Maintenance Supervisor as the designee to approve destruction.	J. Pugh	04/15/11	04/13/11
2.				
3.				

Finding 11: 14.02				
<i>14.02A All replaced equipment was not retired in the Equipment Files and all replacement equipment was not established (set up) in the Equipment Item Files. The following examples from a total of fifteen deficiencies (items replaced with new/replacement equipment but the items replaced were not retired in the Equipment Item Files):</i>				
<i>14.02B Equipment Item Files were not inclusive of all costs and did not reflect a complete history equipment. The following examples from a total of sixteen deficiencies were identified (Corrective Maintenance work orders coded to general unit codes "UNT", "HVS" and "PLB" instead of the specific Automated Maintenance System Equipment Item Codes):</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is being updated and replaced equipment retired.	J. Pugh	04/15/11	04/15/11
2.	Ensure CMMS Data is including dollars amount brought in with proper coding.	J. Pugh	04/15/11	04/15/11
3.	Office Coordinator will review 10% weekly to ensure accurate and complete Data is being entered.	J. Pugh	04/15/11	04/15/11

Finding 12: 14.03				
<i>14.03F Required TDCJ policies were not current and/or on hand in the maintenance department. The following deficiency is identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure TDCJ Policies are up to date. Office coordinator is to ensure that when new policy revisions are received they are placed in the office manual.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 13: 16.01				
<i>16.01 Purchased parts/tools/equipment were not brought into inventory. The following deficiencies were identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS entries are complete. Conduct additional training for both the office coordinator and offender clerks. Office coordinator will review 10% of data weekly.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 14:16.02				
<i>16.02C Two items were not charged to specific work orders. The following deficiencies were identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Office coordinator will review CMMS Data. 10% of Data will be reviewed weekly, Office coordinator will ensure proper coding and charging of material.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 15: 17.01				
<i>17.01 AD-84's were not being properly completed for each work day. The following deficiencies were identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Additional training to ensure 10-20 Officer is reviewing AD84s daily.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 16: 17.02				
<i>17.02 YWOLs were not being properly completed. The following deficiencies were identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure 10-20 Officer is conducting all required walkthroughs. Training on required logs and documentation.	J. Pugh	07/01/11	07/01/11
2.				
3.				

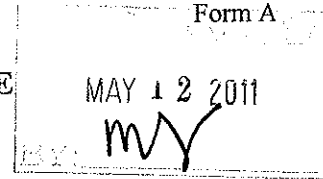
Finding 17: 19.02				
<i>19.02A CMMS numbers for four cameras did not agree with actual camera makings. The following deficiencies were identified:</i>				
<i>19.02B Monitors are not showing clear viewable images from camera locations. The following deficiency was identified:</i>				
<i>Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Camera numbers match CMMS Data.	J. Pugh	07/01/11	06/08/11
2.	Ensure to do training on reporting deficiencies	J. Pugh	04/15/11	04/15/11
3.				

ATTORNEYS EYES ONLY

ED-02.92

Form A

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
FACILITIES DIVISION**



Inter-Office Communication

TO: Tommy Gattis
Reviewer
Monitoring and Standards Team

DATE: May 12, 2011

THRU: Mike Bowling *MBowling 5-12-2011*
Director of Maintenance

FROM: Bobby Bulloch *B 05/12/11*
Chief, Facilities Assessment

SUBJECT: Division-Level
Operational Review

Unit: Hutchins **Review Conducted:** April 11, 2011

Functional Area Reviewed: Facilities (Maintenance)

Manual Chapter and Section Reference: Chapter III, Sections 10-19

Total 'Applicable' Checklist Questions: 37 (16 High + 21 Other)

INTRODUCTION:

The Facilities Division Operational Review was conducted by team leader Judy Surette and team members Kim Bonvillion and Jim Neville. This review evaluated Work Order Management, Inventory Management, Preventive Maintenance (PM) Management, Tool Management, Maintenance Management, Refrigerant Management, Procurement Card Management, AD-10.20 Program Management, Major Work Requests (MWR) Management, and Equipment Management. An in briefing was provided for Assistant Warden Balden Polk and Maintenance Supervisor Jerry Pugh. The exit briefing was held with Warden Jeffrey Pringle, Major Terry May, Maintenance Supervisor Jerry Pugh, and Maintenance Office Administrator Rosalyn Bain. This exit briefing included a discussion of the findings requiring corrective action, observations and recommendations.

FINDINGS REQUIRING CORRECTIVE ACTION:

- Work Order Management Reviewed sixty Corrective Maintenance (CM) and forty Preventive Maintenance (PM) work orders. These were selected at random from work orders closed in December 2010 through February 2011 and reviewed for accurate documentation of completion dates, work descriptions and parts costs.
1. Finding: 10.01A Of the one hundred randomly selected work orders reviewed, seven CM's and nine PM's work orders had incorrect completion dates. Examples of these deficiencies are provided below:

<u>WO Number</u>	<u>Labor Date</u>	<u>Completion Date</u>
209911001621 (CM)	12/01/2010	12/06/2010
209911001383 (PM)	12/07/2010	12/08/2011
209911001384 (PM)	No Date	12/08/2010
209911001386 (PM)	12/07/2010	12/08/2011
209911001786 (PM)	01/05/2011	01/11/2011
209911001796 (PM)	No Date	01/31/2010
209911001921 (PM)	01/24/2011	01/28/2011

10.01B Three CMs did not have a short detailed description of work performed.

<u>WO Number</u>	<u>Item</u>	<u>Description of Work Performed</u>
209911001622 (CM)	Lighting	Area Assist
209911002130 (CM)	Sink	Information not entered into CMMS
209911002776 (CM)	Exhaust Fan	No Description

10.01C One CM did not have parts/materials charged to the work order or note other source (i.e. bench stock).

<u>WO Number</u>	<u>Item</u>	<u>Description of Work Performed</u>
209911001645 (CM)	Lamps	Replaced 3 Halide Lamps

Inventory Management

Compared automated maintenance system (CMMS) inventory records for thirty items with actual on hand inventory quantities and storage locations. Identified on hand inventory items with no CMMS issue cost or stated storage.

2. Finding

11.01A Six inventory item quantities in CMMS did not agree with actual on hand quantities. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>	<u>CMMS Quantity</u>	<u>Actual Quantity</u>
010-57-00201-4	Insulation pipe 3/8"	1	6 full & 4 pieces
105-12-00000-1T	Bearing 5.9055 dia washer	6	5
285-64-72012-7	Switch, Rocker Single Pole	18	15

11.01B Seven inventory item storage locations in CMMS did not agree with actual storage locations. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>	<u>CMMS Location</u>	<u>Actual Location</u>
150-15-21050-3	Weld thread lock	Cab-A-1	Unable to locate
630-06-75026-7	Silicone sealant clear	Cab A	Unable to locate

3.

11.02A Four inventory items had no issue cost in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
445-09-10200-1T	Blade circular saw 10"
670-38-12144-7	Adapter, C X M 1 1/4" X 1" Nominal
725-55-00032	Handsets W/32" Armored Cord

11.02B Two items had no stated location in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
005-14-00000-1T	Cloth Roll, Abrasive OEM WS80136
285-58-00496	Emergency Lighting Unit 2 Lamps 120/277V 6V Lamps #N1WH

11.02C Four items had no stated storage in CMMS. Examples of these deficiencies are provided below:

<u>Stock Number</u>	<u>Description</u>
031-25-245-13-8	Thermostat heat pump #4E034/3AY89 HVAC
285-58-00496-2T	Emergency Lighting Unit 2 Lamps 120/277V 6V L

**Preventative Maintenance
(PM) Management**

Reviewed PM work orders completed in December 2010 through February 2011 for emergency generators to ensure weekly and monthly PM tasks were properly performed. Reviewed the Equipment Item Files for stationary generators to verify that during the period February 2010 to February 2011 (twelve calendar months) unit maintenance had coolant tested (1st & 2nd year) and changed (3rd year).

4. Finding:

12.01H A Weekly emergency generator PMs were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:

<u>Equipment No.</u>	<u>WO Number</u>	<u>Start Date</u>	<u>Completion Date</u>
P1010EMG01	11002583	02/15/11	03/01/2011
P1010EMG01	11002584	02/22/10	03/03/2011

12.01H B Monthly emergency generator PMs were not completed within the same month of the scheduled start date. The following deficiencies were identified:

<u>Equipment No.</u>	<u>WO Number</u>	<u>Start Date</u>	<u>Completion Date</u>
P2010EMG01	11002585	02/01/10	03/01/2011
P4010EMG01	11002595	02/01/10	03/01/2011

5. Finding:

12.02H B All emergency generators did not have coolant tested or changed as required. The following deficiencies were identified:

<u>Equipment No.</u>	<u>WO #</u>	<u>Deficiency</u>
P1010EMG01	N/A	No documentation of coolant changed or tested.
P2010EMG01	N/A	No documentation of coolant changed or tested.
P3010EMG01	N/A	No documentation of coolant changed or tested.
P5010EMG01	N/A	No documentation of coolant changed or tested.

Tool Management

Reviewed tools room operations including shadow boards, Tool Checkout Logs for the past 30 days prior to the Operational Review to include the day of the review. Verified Master Tool Inventory List accuracy; checked sensitive and non-sensitive tool storage; and verified tool identification (engraved tool numbers) for a total of sixty tools. Additionally, reviewed tool destruction documentation and the use of supplemental tool lists.

6. Finding: **13.01H** Sensitive tools stored in the Sensitive Tool Cage were not shadowed. The following examples from 27 total deficiencies were identified:

<u>Location</u>	<u>Deficiency Description</u>
Hot Room/Sensitive	A 55' nylon rope not shadow boarded, no tag, and not on master tool inventory list.
Sensitive Cage	#0443 Airless Paint Hose, 50' - Designated Sensitive on MTIL
Sensitive Cage	#0515 Extension Cord, 50' - Designated Sensitive on MTIL
Sensitive Cage	#0712 Heavy Duty Garden Hose, 50' - Designated Sensitive on MTIL

7. Finding: **13.02H C.** Sensitive tools were not issued only by a designated employee. The following deficiency was identified:

Hot Room/Sensitive	No employees designated responsible for checking out tools.
--------------------	---

8. Finding: **13.03H A** The Master Tool Inventory List (MTIL) was not accurate. The following deficiencies were identified:

<u>Actual Location</u>	<u>MTIL (S/NS) Designation</u>	<u>Tool#/Description</u>
Hot Room/Sen	NS	#718A/Rose Bud Tip
Hot Room/Sen	NS	#723/Rose Bud Tip
Hot Room/Sen	NS	#775/Torch Ends Set 3 PCS

13.03H B All tools were not properly engraved. The following deficiency was identified:

<u>Location</u>	<u>MTIL(S/NS) Designation</u>	<u>Deficiency</u>
Tool Room	NS	Lanyard is engraved on one clasp 942 and 9422 on the other clasp

13.03 H C Sensitive tools were not stored separately from non-sensitive tools. The following deficiencies were identified:

<u>Location</u>	<u>S/NS Tool</u>	<u>Deficiency Description</u>
Hot Room	NS	219 Flashlight
Hot Room	NS	110 Nozzle, water garden hose brass
Hot Room	NS	1938 Dremel tool

9. Finding: **13.04H** Documentation of twice daily inspections. The following deficiencies were identified :

<u>Date</u>	<u>Page #</u>	<u>Tool Inventory Sheet</u>	<u>Deficiency</u>
04/13/11	4	Hot Room/Sensitive	Tools checked indicates only once
04/14/11	4	Hot Room/Sensitive	No indication tools checked
04/15/11	1, 2, 3, & 5	Hot Room/Sensitive	Review conducted on 04/13/11 and 04/14/11

10. Finding: Check this out **13.05H E** Tools were not approved for destruction by the Warden or designee prior to destruction. The following deficiency was identified:

<u>Tool No.</u>	<u>Tool Description</u>	<u>Deficiency</u>
6630	Hose, air, 8ft	Destroyed without approval. Jerry Pugh appointed in writing as warden's designee effective 03/07/11. Tool destroyed 03/31/11 without warden or Mr. Pugh's approval.

Maintenance Management Reviewed Automated Maintenance System Equipment Item Files to ensure that all work orders were coded to specific equipment and all costs were reflected in the equipment history. Verified the department had a Generator Refueling Plan.

11. Finding: 14.02A All replaced equipment was not retired in the Equipment Files and all replacement equipment was not established (set up) in the Equipment Item Files. The following examples from a total of fifteen deficiencies (items replaced with new/replacement equipment but the items replaced were not retired in the Equipment Item Files):

<u>Work Order No</u>	<u>Replaced Item</u>
209910000281	Digital Recorder
209910001590	Digital Recorder
209910000298	Sump Pump
209910000853	Eyewash Station
209910000278	Camera # 16

14.02B Equipment Item Files were not inclusive of all costs and did not reflect a complete history equipment. The following examples from a total of sixteen deficiencies were identified (Corrective Maintenance work orders coded to general unit codes "UNT", "HVS," and "PLB" instead of the specific Automated Maintenance System Equipment Item Codes):

<u>Work Order #</u>	<u>Item</u>	<u>Required Code</u>
209910006188	Backflow Preventer	BFP
209910001636	Clean all coils in kitchen	CDU
209910001672	Razor Wire	J & M Buildings
209910003074	Sump pump	SMP
209910003593	Backflow preventer	BFP

12. Finding: 14.03F Required TDCJ policies were not current and/or on hand in the maintenance department. The following deficiency is identified:

<u>TDCJ Policy</u>	<u>Deficiency</u>
Preventive Maintenance Manual	PM 2530-GTP01Q has not been updated to reflect the current mandatory PM 1530-GTP01M

Procurement Card Management

Reviewed statements for February 2011 and March 2011 and associated purchasing documentation to ensure compliance with TDCJ Procurement Card Program and Facilities Maintenance requirements. Tracked purchased parts/tools/equipment to verify items were entered into the CMMS inventory

13. Finding: 16.01 Purchased parts/tools/equipment were not brought into inventory. The following deficiencies were identified:

<u>Tran Date</u>	<u>Stock No.</u>	<u>Description</u>	<u>Qty</u>	<u>UOM</u>	<u>Total</u>
01-11	740-59-30500-9T	Evaporator Motor	1	EA	34.33
02-03	962-18	Cable, 250'	1	Roll	56.99
02-03	340-29	Sleeve, 3/16 x 1"	2	Bag	68.58
02-02	No Stock No.	11.5 oz De-Icer	12	EA	23.88
02-17	405-51	Oil, Hydraulic	2	EA	59.90

14. Finding: 16.02C Two items were not charged to specific work orders. The following deficiencies were identified:

<u>Tran Date</u>	<u>Stock No.</u>	<u>Description</u>	<u>Work Order</u>
01-11	740-59-30500-9T	Evaporator Motor	209911000358
02-17	405-51	Oil, Hydraulic	209911002740

AD-10.20 Management Reviewed March 2010 AD-10.20 records for Food Service, Laundry and Security (D Block). Verified AD-10.20 Representatives were properly completing the Daily Inspection Log (AD-84) and the Yearly Work Order Log (YWOL).

15. Finding: 17.01 AD-84s were not being properly completed for each work day. The following deficiencies were identified:

<u>Department</u>	<u>Deficiency</u>
Security (D Bldg)	All areas inspected not noted on the following dates: 03/01/11 - 03/06/11, 3/08/11, 03/10/11-03/31/11.
Laundry	All areas inspected not noted on the following dates: 3/03/11-03/01/11, 03/07/11-03/11/11, 03/14/00- 03/18/11, 03/21/11-03/25/11, 03/28/11-03/31/11.

16. Finding: 17.02 YWOLs were not being properly completed. The following deficiencies were identified:

<u>Department</u>	<u>Deficiency</u>
Security (D Bldg)	Supervisors not documenting weekly inspections on YWOL (no March 2011 entries).
Food Service	Supervisors not documenting weekly inspections on YWOL (No March 2011 entries)

Equipment Maintenance
Electrical - Security
Surveillance Systems
(Cameras, Monitors, and
Video Switching Units)

Ensured randomly selected cameras were numbered in accordance with TDCJ policy and monitors were showing a clear and viewable image from camera location. Ensured light poles were identified and numbered in accordance with TDCJ policy and all lights were identified on a map developed by unit maintenance.

17. Finding: 19.02A CMMS numbers for four cameras did not agree with actual camera makings. The following deficiencies were identified:

<u>Building</u>	<u>CMMS Number</u>	<u>Actual Camera Markings</u>
K- Building	K0000CMR03	CMR06
K- Building	K0000CMR04	CMR05
K- Building	K0000CMR05	CMR04

ATTORNEYS EYES ONLY

K- Building

K0000CMR06

CMR03

19.02B Monitors are not showing clear viewable images from camera locations. The following deficiency was identified:

<u>Equipment #/Description</u>	<u>Deficiency</u>
K0C1STVM02/TV Monitor	Non operational with no open CM

Equipment Maintenance
Mechanical - Food Service
and Ansul Suppression
Equipment

Checked randomly selected food service equipment for serviceability.

18. Finding:

19.04B Food Service equipment not bolted to the floor requires a lanyard. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KBRA01/Brasing Pan	Gas fired equipment without lanyard in place

w/p 3769

19.04C Food Service refrigeration equipment requires maintenance. The following deficiencies were identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KFRG07/Refrigerator	Replace Door Sweeps # 4860
Main Kitchen	T001KFRG08/Refrigerator	Replace Door Sweeps # 4862
Main Kitchen	T001KFRZ01/Freezer	Replace Door Seal # 4863

19.04D Food Service refrigeration equipment not maintaining proper temperatures. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	T001KFRG08/Refrigerator	Not maintaining required temperatures (42° & should be 34° to 38°) # 4342
Main Kitchen	T001KFRZ01/Freezer	Not maintaining required temperatures (11° & should be 0° to 10°) # 4864

19.04H All Food Service gas fired equipment does not have posted required inspections. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	Self Contained Gas Fired Steam Kettles	See details at http://www.license.state.tx.us/boilers/blrlaw.htm

19.04J All fire suppression caps were not in place as required. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	Fire Suppression System	Missing one cap

ATTORNEYS EYES ONLY

Equipment Maintenance
Plumbing - Water Heaters,
Steam Boilers, Feed Water
Tanks, continuous Blow
Down Assembly, and
Deaerating Tanks

Checked randomly selected water heater, steam boilers, feed water tanks, continuous blow down assembly, and deaerating tanks for serviceability.

19 Finding: 19.06A Plumbing equipment was not free of leaks. The following deficiency was identified:

<u>Location</u>	<u>Equipment/Description</u>	<u>Deficiency</u>
Main Kitchen	B0010WTH02/Water Heater	Leak at base of tank (rusting)

SUMMARY:

Warranty was discussed to ensure that the Maintenance Department creates a file of warranty documents for all new, rebuilt, and direct replacement equipment. The location of the warranty documents should be entered in CMMS on the Equipment Item File note pad. The Maintenance Department should ensure warranty is used when applicable in lieu of FBBP funds. The findings 17.01 and 17.02 in the AD-10.20 Program were beyond the control of the Maintenance Department.

Attachments

cc: Frank Inmon, Director, Facilities Division, w/o Attachments
Tommy Vian, Deputy Director of Maintenance, w/o Attachments
Bill Reynolds, Manager, Region II Maintenance, w/o Attachments
Maintenance Office File w/o Attachments
Hutchins Unit File

ATTORNEYS EYES ONLYED-02.92
Form E**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**
INTER-OFFICE COMMUNICATION

TO: Functional Area Proponent **DATE:** July 1, 2011

THRU: Keith Clendennen
Manager II, Review & Standards *SKC 1/13/2011*

THRU: Russell Bailey *nb by mr*
Manager I, Monitoring and Standards

FROM: Tommy Gattis *tg by mr*
Reviewer
Monitoring and Standards

SUBJECT: Division-Level
Operational Review
for the Hutchins Unit

Your division-level review, which yielded findings where corrective action was required, was forwarded to the unit for response. Their responses are attached. Each addressee is required to ensure the following actions are accomplished in the functional area(s) under your purview.

- Perform technical review of unit responses and action plans.
- If there is disagreement with findings or action plans, work through the issues in an attempt to reach resolution. This may require discussion initiated by the proponent with the Warden and the Regional Director or the Deputy Director of Private Facilities-CMOD, as appropriate.
- Prepare an executive summary IOC (*see Form F*) and submit to Monitoring and Standards on or before July 15, 2011.

Distribution**Administrative Review & Risk Management**

- Access to Courts
- Offender Grievance
- Offender Management Issues
- Office of Accreditation (ACA)
- Risk Management
- Use of Force

Business & Finance

- Accounting and Business Services
- Agribusiness
- Budget
- Commissary & Trust Fund

Facilities

- Environmental Affairs
- Maintenance

Human Resources**Management Operations**

- Correctional Training
- Plans and Operations
 - Offender Property
 - Community/Public Work Projects
 - Offender Suicide/Attempted Suicide
- Safe Prisons

Manufacturing & Logistics**Prison & Jail Operations**

- Security Systems
 - Staffing
 - Armory

Rehabilitation Programs Division

- Chaplaincy

Support Operations

- Classification
 - General Issues
 - Intake Procedures
 - Offender Mail
- Offender Disciplinary Coordination
 - Counsel Sub / Offender Discipline
 - Spanish Language Assistance
- Laundry, Food & Supply
 - Food Service
 - Laundry Service
 - Unit Supply
 - Barber / Beauty Shops

Windham School District

- Education
- Non-Programmatic Activities

Attachments
Xc: file

DEPARTMENT / FUNCTIONAL AREA: Risk ManagementMANUAL CHAPTER AND SECTION REFERENCE: Chapter I Section 8

Finding 1: 8.02H (D)				
<i>There are 8 RAC 2 deficiencies in the maintenance department 2 in the Food Service Dept. and one in the medical Dept.:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Damaged Cords to angle grinders #841 and # 941 have been repaired.	Roy Storie	04/15/2011	04/15/2011
2.	Fluorescent lighting in the maintenance department have been fitted with protective sleeves/guards.	Roy Storie	04/15/2011	04/15/2011
3.	Cord to battery charge unit in tool room repaired.	Roy Storie	04/15/2011	04/15/2011
4.	Missing knockouts to electrical boxes in the carpentry shop has been replaced.	Roy Storie	04/15/2011	04/15/2011
5.	Conduit for lights over cabinet in carpentry shop has been repaired.	Roy Storie	04/15/2011	04/15/2011
6.	Light removed from pedestal drill press in the welding shop and chuck return mechanism repaired.	Roy Storie	04/15/2011	04/15/2011
7.	Missing safety guards fabricated and installed on pedestal grinder in the weld shop.	Roy Storie	04/15/2011	04/15/2011
8.	Compressed gas cylinders reorganized and staked according to safety regulations. Barrier wall extended.	Roy Storie	04/15/2011	04/15/2011

Finding 1 : 8.02 H (D)				
<i>2 deficiency in the medical and food department</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Gas operated equipment in the Food Service Department has been bolted down or safety cables have been attached.	Roy Storie	04/15/2011	04/15/2011
2.	The emergency releases for the bakery vault have been refurbished or replaced.	Roy Storie	04/15/2011	04/15/2011
3.	Additional training has been given to UTMB medical personnel pertaining to the Sharps Cabinet.	Roy Storie	04/15/2011	04/15/2011

ATTORNEYS EYES ONLY

Finding 2: 8.05H (B)				
<i>There are several fire drills missing in the second quarter, (Dec.-Feb. 2011)</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	The number of Fire Drills required per location and shifts have been met for the 3 rd quarter (March-May)	Roy Storie	05/31/2011	05/31/2011
2.				
3.				

Finding 3: 8.07H (B)				
<i>The unit is not recording temperatures as required from 06:30 a.m. to 06:30 p.m.</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	A hand held electronic temperature and humidity instrument will be used to take reading from 6:30 am – 6:30 pm. Two permanently mounted instruments will be purchased for future recordings.	Roy Storie	04/15/2011	04/15/2011
2.				
3.				

DEPARTMENT / FUNCTIONAL AREA: Facilities (Maintenance)MANUAL CHAPTER AND SECTION REFERENCE: Chapter III Section 10-19

Finding 1: 10.01A-C				
10.01A Of the one hundred randomly selected work orders reviewed, seven CM's and nine PM's work orders had incorrect completion dates. Examples of these deficiencies are provided below:				
10.01B Three CM's did not have a short detailed description of work performed.				
10.1C One CM did not have parts/materials charged to the work order or note other source (i.e. bench stock)				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data Entry's are reviewed weekly by the office coordinator (R. Bain) or myself (J. Pugh) continue training with the coordinator and office clerks.	J. Pugh	04/15/11	04/15/11
2.	Ensure work orders descriptions are being entered correctly into CMMS spot checks entries. Ensure CMMS Data Entries include Dates, Description and material used.	J. Pugh	04/15/11	04/15/11
3.	Approximately 10% reviewed weekly by the office Coordinator or supervisor and an email will be sent to HJ administration stating the entries were checked for accuracy.	J. Pugh	07/01/11	07/01/11

Finding 2: 11.01A-B				
11.01A Six inventory item quantities in CMMS did not agree with actual on hand quantities. Examples of these deficiencies are provided below:				
11.01B Seven inventory item storage locations in CMMS did not agree with actual storage locations. Examples of these deficiencies are provided below:				
<i>X</i> Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Restricted access to warehouse, run weekly cycle.	J. Pugh	07/01/11	05/02/11
2.	Restricted access to warehouse, Unit Armory. Removed keys from technicians, key rings. Conduct weekly cycle counts, when the count is requested it will be given to staff member and reviewed or spot checked by office coordinator or myself.	J. Pugh	07/01/11	05/02/11
3.	This will be reviewed and an email sent to HJ Administration. IOC from Officer Roberts stating that she removed the keys. At present time we are generating a 75 item cycle count everyday. This count is being given to the person assigned to the warehouse and calculated daily. At 75 items per day in a month time, the entire warehouse will have been counted.	J. Pugh	07/01/11	07/01/11

Finding 3: 11.02A C				
11.02A Four inventory items had no issue cost in CMMS. Examples of these deficiencies are provided below:				
11.02B Two items had no stated location in CMMS. Examples of these deficiencies are provided below:				
11.02C Four items had no stated storage in CMMS. Examples of these deficiencies are provided below:				
<i>X</i> Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is complete and correct on materials brought in.	J. Pugh	04/15/11	04/15/11
2.	Review CMMS Data/Warehouse locations CMMS Data/Cycle Counts	J. Pugh	04/15/11	04/15/11
3.	Ms. Bain has been instructed to run a monthly CMMS report to ensure all on hand items have a issue count and a valid storage locations	J. Pugh	04/29/11	04/15/11

Finding 4: 12.01 H A-B				
12.01A Weekly emergency generator PM's were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:				
12.01B Monthly emergency generator PMs were not completed within six calendar days of the scheduled start date. The following deficiencies are identified:				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Instructed office coordinator to ensure work orders close dates are the same as the labor date. Monitor all CMMS Data, ensure technician is closing PMs in proper time frame.	J. Pugh	04/15/11	04/15/11
2.	Additional training will be given to all Technicians on reading of and priority coding on PMS.	J. Pugh	04/15/11	04/15/11

Finding 5: 12.02 B				
12.02H B All emergency generators did not have coolant tested or changed as required. The following deficiencies were:				
<input checked="" type="checkbox"/> Agree Disagree (If disagree, provide justification or policy references to support disagreement.				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure PM Time Frames and Tasks are met. Open work orders to change coolant in Emergency Generators.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 6: 13.01H				
<i>13.01H Sensitive tools stored in the Sensitive Tool Cage were not shadowed</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure tool rooms are properly shadowed. Update MTIL. Region Maintenance assisted with tool module in CMMS	J. Pugh	07/01/11	06/07/11
2.				
3.				

Finding 7: 13.02H				
<i>13.02H C. Sensitive tools were not issued only by a designated employee. The following deficiency was identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Tool Issue and inventory will be assigned monthly to a craftsman. In their absent, Mr. Pugh or Mrs. Bain will complete the work. Inventories will be reviewed weekly by the office administration and an email to the warden's office.	J. Pugh	07/01/11	06/01/11
2.				
3.				

Finding 8: 13.03H				
13.03H A The Master Tool Inventory List (MTIL) was not accurate. The following deficiencies were identified:				
13.03H B All tools were not properly engraved. The following deficiency was identified:				
13.03H C Sensitive tools were not stored separately from non-sensitive tools. The following deficiencies were identified:				
X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	MTIL has been corrected to reflect 3.19 non sensitive tools relocated.	J. Pugh	04/15/11	04/15/11
2.	Review Tool room inventories, spot check carts and tool rooms.	J. Pugh	04/15/11	04/15/11
3.	Co-Mingling of tools / sensitive and non corrected – review 3.19	J. Pugh	04/15/11	04/15/11

Finding 9: 13.04H				
13.04H Documentation of twice daily inspections. The following deficiencies were identified:				
X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Tool Inventories are maintained properly. Monthly assignments and rotation of craftsman for being responsible for inventories and issue of tools from shared locations.	J. Pugh	04/15/11	04/15/11
2.	In the event of scheduled day off or call in, the task of inventory and issue will be assigned. The technician will initial under the column for the day they were issued.	J. Pugh	04/15/11	04/15/11
3.				

Finding 10:13.05H				
<i>13.05H E Tools were not approved for destruction by the Warden or designee prior to destruction. The following deficiency was identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	IOC Placed in destruction log book stating Jerry R. Pugh Maintenance Supervisor as the designee to approve destruction.	J. Pugh	04/15/11	04/13/11
2.				
3.				

Finding 11: 14.02				
<i>14.02A All replaced equipment was not retired in the Equipment Files and all replacement equipment was not established (set up) in the Equipment Item Files. The following examples from a total of fifteen deficiencies (items replaced with new/replacement equipment but the items replaced were not retired in the Equipment Item Files):</i>				
<i>14.02B Equipment Item Files were not inclusive of all costs and did not reflect a complete history equipment. The following examples from a total of sixteen deficiencies were identified (Corrective Maintenance work orders coded to general unit codes "UNT", "HVS" and "PLB" instead of the specific Automated Maintenance System Equipment Item Codes):</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS Data is being updated and replaced equipment retired.	J. Pugh	04/15/11	04/15/11
2.	Ensure CMMS Data is including dollars amount brought in with proper coding.	J. Pugh	04/15/11	04/15/11
3.	Office Coordinator will review 10% weekly to ensure accurate and complete Data is being entered.	J. Pugh	04/15/11	04/15/11

Finding 12: 14.03				
<i>14.03F Required TDCJ policies were not current and/or on hand in the maintenance department. The following deficiency is identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure TDCJ Policies are up to date. Office coordinator is to ensure that when new policy revisions are received they are placed in the office manual.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 13: 16.01				
<i>16.01 Purchased parts/tools/equipment were not brought into inventory. The following deficiencies were identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure CMMS entries are complete. Conduct additional training for both the office coordinator and offender clerks. Office coordinator will review 10% of data weekly.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 14:16.02				
<i>16.02C Two items were not charged to specific work orders. The following deficiencies were identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Office coordinator will review CMMS Data: 10% of Data will be reviewed weekly, Office coordinator will ensure proper coding and charging of material.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 15: 17.01				
<i>17.01 AD-84's were not being properly completed for each work day. The following deficiencies were identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Additional training to ensure 10-20 Officer is reviewing AD84s daily.	J. Pugh	04/15/11	04/15/11
2.				
3.				

Finding 16: 17.02				
<i>17.02 YWOLs were not being properly completed. The following deficiencies were identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure 10-20 Officer is conducting all required walkthroughs. Training on required logs and documentation.	J. Pugh	07/01/11	07/01/11
2.				
3.				

Finding 17: 19.02				
<i>19.02A CMMS numbers for four cameras did not agree with actual camera makings. The following deficiencies were identified:</i>				
<i>19.02B Monitors are not showing clear viewable images from camera locations. The following deficiency was identified:</i>				
<i>X Agree Disagree (If disagree, provide justification or policy references to support disagreement.)</i>				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	Ensure Camera numbers match CMMS Data.	J. Pugh	07/01/11	06/08/11
2.	Ensure to do training on reporting deficiencies	J. Pugh	04/15/11	04/15/11
3.				

Finding 18: 19.04				
19.04B Food Service equipment not bolted to the floor requires a lanyard. The following deficiency was identified:				
19.04C Food Service refrigeration equipment requires maintenance. The following deficiencies were identified:				
19.04D Food Service refrigeration equipment not maintaining proper temperatures. The following deficiency was identified:				
19.04H All Food Service gas fired equipment does not have posted required inspections. The following deficiency was identified:				
19.04J All fire suppression caps were not in place as required. The following deficiency was identified:				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	B- work order 11-3769, C-work orders 4860, 4862, 4863 D- work orders 4342, 4864	J. Pugh	04/27/11	06/01/11
2.	H- Contacted Dan Mallard at Region MT to request inspections	J. Pugh	05/02/11	04/15/11
3.	J- Cap was replaced / salvaged/ No work orders needed	J. Pugh	05/02/11	05/02/11

Finding 19: 19.06				
19.06A Plumbing equipment was not free of leaks. The following deficiency was identified:				
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree (If disagree, provide justification or policy references to support disagreement.)				
ACTION STEPS (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)		PERSON/DEPT. HEAD RESPONSIBLE	TARGET DATE	DATE COMPLETED
1.	A- Work Order 3771	J. Pugh	07/01/11	07/01/11
2.				
3.				

ATTORNEYS EYES ONLYED-02.92
Form H**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION**

TO: William Stephens
CID Deputy Director
Prison and Jail Management

DATE: August 15, 2011

THRU: Jackie Edwards
Director
Administrative Review & Risk Management
[Signature] 8-21-11

THRU: Keith Clendennen
Manager II, Review & Standards
[Signature] 11/17/2011

FROM: Russell Bailey *RB 8-16-11*
Manager I, Monitoring and Standards

SUBJECT: Division-Level
Operational Review
for the Hutchins State Jail

A division-level operational review at the above-referenced unit was conducted during April 2011. There was a total of 78 findings (15 High + 63 Other) requiring corrective action identified in various functional areas of the unit's operation (see attached Executive Summary).

ms/Attachment

c: Robert Eason, Region II Director
Jeffery Pringle, Warden
Proponent [for any unresolved issue]
File

**DIVISION-LEVEL EXECUTIVE SUMMARY
HUTCHINS STATE JAIL**

ATTORNEYS EYES ONLY

Form G

FUNCTIONAL AREA	Applicable Checklist Questions		Number of Findings Identified by Proponents that Require Corrective Action		Unit Agrees; Corrective Action Pursued
	High	Other	High	Other	
I. Administrative Review & Risk Management	-	-	-	-	-
Access to Courts	0	26	0	4	YES
Offender Grievance	1	18	0	1	YES
Monitoring and Standards	-	-	-	-	-
- Offender Management	2	23	1	1	YES
- Unit Accreditation (ACA)	0	4	0	0	N/A
Risk Management	7	8	3	0	YES
Use of Force	0	9	0	2	YES
II. Business and Finance	-	-	-	-	-
Accounting & Business Services	1	40	0	1	YES
Agribusiness	1	6	0	0	N/A
Budget	0	13	0	1	YES
Commissary & Trust Fund	0	15	0	0	N/A
III. Facilities	-	-	-	-	-
Environmental Branch	6	8	0	0	N/A
Maintenance	16	21	7	12	YES
IV. Human Resources	0	71	0	2	YES
V. Management Operations	-	-	-	-	-
Correctional Training	1	9	0	3	YES
Plans and Operations	-	-	-	-	-
- Offender Property	1	7	0	2	YES
- Comm/Public Work Pr	0	3	0	0	N/A
- Offender Suicide	4	0	0	0	N/A
Safe Prisons	3	12	0	0	N/A
VI. Manufacturing & Logistics	N/A	N/A	N/A	N/A	N/A
VII. Prison & Jail Operations	-	-	-	-	-
Security Systems - Staffing	0	11	0	1	YES
- Armory	0	19	0	0	N/A
VIII. Rehabilitation Programs Division	-	-	-	-	-
Chaplaincy	0	16	0	1	YES
IX. Support Operations	-	-	-	-	-
Classification - General Issues	2	39	0	6	YES
- Intake Procedures	1	55	0	7	YES
- Offender Mail	0	14	0	0	N/A
Off Disp Coord - Coun Sub/Off Disc	4	20	1	4	YES
- Spanish Lang Asst	0	8	0	0	N/A
Food/Laundry/Supply - Food Service	4	28	2	7	YES
- Laundry Service	3	12	0	1	YES
- Unit Supply	2	9	0	0	N/A
- Barber/Beauty Shops	3	11	0	1	YES
X. Windham School District	-	-	-	-	-
Education	3	22	1	5	YES
Non-Programmatic Activities	0	14	0	1	YES
➤ TOTALS	65	571	15	63	

ATTORNEYS EYES ONLY

ED-02.92

JUL 11 Form F

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION**

To: Jackie Edwards
Director,
ARRM

Date: July 8, 2011

Thru: Keith Clendennen
Manager,
Review & Standards

From: Jerry Bailey
Audit & Inspection Manager,
Risk Management

Subject: Division Level Operational Review
Hutchins Unit

EXECUTIVE SUMMARY

At the time of the division-level operational review was conducted, there were 3 total findings (3 High + 0 Other) identified in the functional area of Risk Management. The Warden's response and action plans have been reviewed and it is noted that the:

- **Warden agrees with 3 of the findings (3 High + 0 Other), and has submitted action plans to which the proponent agrees.**

JB

xc: Unit File

ATTORNEYS EYES ONLYED-02.92
Form F

JUL 12 2011

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INTER-OFFICE COMMUNICATION****TO:** Tommy Gattis
Reviewer
Monitoring and Standards Team**DATE:** July 11, 2011**THRU:** Mike Bowling *M. Bowling*
Director of Maintenance *7/11/2011***FROM:** Bobby Bulloch *B. Bulloch*
Chief, Facilities Assessment Team *7/11/11***SUBJECT:** Division Level
Operational Review -
Hutchins State Jail**EXECUTIVE SUMMARY**

At the time the division-level operational review was conducted, there were nineteen total findings (7 **High** + 12 Other) identified in the functional area of Facilities (Maintenance). The warden's response and action plans have been reviewed and it is noted that the warden agrees with all nineteen findings (7 **high** + 12 other), and has submitted action plans to which the proponent agrees.

cc: Frank Inmon, Director, Facilities Division
Tommy Vian, Deputy Director of Maintenance
Kim Farguson, Manager, Region II Maintenance
Facilities Maintenance Headquarters File
Hutchens State Jail File